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U.S. DISTRICT COURT  
N.D. OF ALABAMA

**U.S. Department of Justice**  
**Federal Bureau of Prisons**  
*Federal Correctional Complex*  
*Terre Haute, Indiana*  
**Health Service Department**

January 28, 2019

**TO:** RIS Coordinator (IRC)  
FCC Terre Haute

**FROM:** W. Wilson, Clinical Director 

**SUBJECT:** RIS Request- Thomas, Ralph #18369-001

**Inmate Name/Reg #:** Thomas, Ralph #18369-001  
**Institution:** USP Terre Haute  
**RIS Request Category:** Debilitated Medical Condition  
**Age:** 85yrs

**Does inmate suffer from an incurable, progressive illness or debilitating injury from which he will not recover? Yes**

**What medical conditions does inmate suffer from?**

Hypothyroidism, Diabetes type 2, Hyperparathyroidism, Hyperlipidemia, Chronic gouty arthropathy, Drug dependence, Glaucoma, Conjunctivitis, Hypertension, Coronary Atherosclerosis, Tachycardia, Diastolic heart failure, CAD, Atherosclerosis of Renal Artery, Stage 4 chronic kidney disease, Nerve pain, Angioneurotic edema, Anemia, Vit D deficiency, Retinal disorder, Peripheral vascular disease, GERD, Lymphadenitis, Constipation, Hx of non-compliance with medical treatment, hearing problem, Cardiac device (dual chamber).

**Is inmate completely disabled, meaning he cannot carry on any self-care and is totally confined to a bed or chair; OR capable of only limited self-care and is confined to a bed or chair more than 50% of waking hours? Yes**

**Does inmate possess the ability to perform Instrumental Activities of Daily Living (IADL), such as getting meals, making it to pill lines, and/or call-outs without the human assistance (staff or inmate)? No, requires a wheelchair pusher for longer distances.**

**Do these medical conditions substantially diminish his ability to function in a correctional facility? Yes**

**Current Medications:** Apixaban, Bumetanide, Calcitriol, Carvedilo, Cyclobenzaprine HCl, Febuxostat, Hydrocortisone Ointment 1%, Lactulose, Latanoprost Ophth Soln 0.005%, LevoTHYROXINE Sodium, Magnesium Oxide, Omeprazole, Pravastatin, Sodium Polystyrene Sulfonate Powder, Timolol Maleate Ophth Soln 0.5%, Vitamin A & D Ointment, Insulin NPH, Insulin Reg,

**Allergies** PCN, Clonidine derivatives, ACE inhibitors, Statins, Norvasc, Baclofen, Mold Extract.

**Comprehensive Medical Summary:**

Physician excerpt from 12-4-18: FOLLOW-UP: SICK CALL COMPLAINTS

SUBJECTIVE INTERVAL HISTORY: CONSTIPATION. SOMETIMES HE GOES FOR A WEEK HE STATES BETWEEN BOWEL MOVEMENTS. NO HEMATOCHESIA OR PENCIL THIN STOOLS. HE ALSO COMPLAINS OF THE ONGOING ISSUES WITH URINARY INCONTINENCE FOR WHICH HE HAS SEEN SPECIALISTS IN THE PAST. HE REQUESTS DIAPERS. HE IS SEEN PERIODICALLY BY THE NEPHROLOGIST AS WELL. COMPLIANT WITH THERAPY: YES

SIGNIFICANT RECENT CONSULTATIONS-NEPHROLOGY

SIGNIFICANT POSITIVE REVIEW OF SYSTEMS: AS ABOVE

HIS PAST MEDICAL HISTORY IS NOTED AS IN THE CHART AND AFTER DISCUSSION WITH THE INMATE. ALLERGY STATUS HAS BEEN REVIEWED AND IS UNCHANGED. THE RELEVANT CHRONIC CARE REVIEW OF SYSTEMS ARE NEGATIVE OTHERWISE. NAD. HEENT- NORMAL. EOM INTACT.

SKIN- INTACT. GROSSLY NORMAL, NECK- SUPPLE. NEURO- NO GROSS FOCAL DEFICITS. CN II-XII INTACT GROSSLY. GUARDED GAIT CONSISTENT WITH HIS MULTIPLE COMORBIDITIES AND ADVANCED AGE. NORMAL MENTATION AND BEHAVIOR. ASSESSMENT/PLAN:

COMPLAINTS OF CONSTIPATION-COLACE 100 MG BY MOUTH TWICE A DAY SHORT-TERM, LACTULOSE 30CC BY MOUTH TWICE A DAY WHEN NECESSARY. URINARY INCONTINENCE ISSUES-DIAPERS SEEM TO BE REASONABLE. SOME TYPE OF ABSORBENT. UNDERGARMENTS. WE WILL COMMUNICATE WITH NURSING SUPPLY. CALLBACK CRITERIA GIVEN AND PERTINENT PATIENT EDUCATION PERFORMED. PATIENT VOICED UNDERSTANDING AND AGREEMENT WITH TREATMENT PLAN. ALLERGY STATUS REVIEWED AND UNCHANGED.

**Estimated Life Expectancy:** Reasonable life expectancy of an approximate 85 year old male with co-morbidities.

**Test Results:** 12-3-18: Urine with Protien of 30mg, Urine Squamous Epithelial Cells Rare (A).

11-15-18: Calcium 11.9 (H)

11-15-18: CO2 H 30, BUN H 56, Creatinine H 2.56, Glucose H 117, Phosphorus H 5.3, Hemoglobin L 11.8, RDW-CV H 19.2, MPV H 11.4.

FILM ACUTE ABDOMEN SERIES W/ CXR, 12-4-18: Bowel gas pattern non-obstructive and unremarkable. No free air under diaphragm. Moderate fecal burden throughout the colon. No fecal impaction in the rectum. No radiopaque renal calculi

identified. Lungs are clear. No acute cardiopulmonary process. Stable radiographic appearance of the chest compared to prior exam of 2/9/18. Left upper chest dual-lead cardiac pacer with leads in the region of the right atrium and right ventricle again noted. Heart size normal.

**Consultation:**

1. Pending Optometry consult-routine dilated eye exam follow up (1-2 mo).
2. Pending in-house Cardiology consult-routine cardiology clinic follow up.
3. Pending off-site Dermatology appt.
4. Pending Off-site Ophthalmology follow up (1yr).
5. Pending Nephrology on-site follow up (2 mo).

**Referral/Consultation Reports/Opinions:**

Nephrology consult 10-26-18: Impression- Chronic Kidney Disease stage 4, Hyperkalemia, Chronic stable CHF, Borderline Hypercalcemia, Anemia of Kidney disease, improved with Epogen therapy, Type 2 Diabetes manifested by elevated A1c, currently on no therapy.

From Renal viewpoint, he remains stable, recommend following:

1. Discontinue Epogen and HCTZ.
2. Reduce calcitriol to 0.25 mcg daily.
3. Continue other medications.
4. Re-evaluation in 2 months with follow up CBC, CMP, PTH, and Phosphorus.